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ARTICLE I.

ADDRESS, INTRODUCTORY TO THE FIFTEENTH ANNUAL COURSE
OF LECTURES IN RUSH MEDICAL COLLEGE;

DELIVERED NOVEMBER 2, 1857.

BY N. S. DAVIS, M. D.

GENTLEMEN,—It is with pleasure that I rise, and in behalf of my colleagues and myself, extend to you a cordial welcome to the halls of this College, and thus formally inaugurate another annual course of instruction upon those varied and important topics which constitute the science and art of medicine. To the thoughtful and intelligent mind, some of these topics possess an interest scarcely equaled in any other department of human learning; while the application of the truths embraced in them all, to the great work of preventing, alleviating and curing disease, constitutes the noblest of human employments. It is no part of my present purpose, however, to eulogize either the science or the practice of our profession. Neither shall I attempt to cull from the pages of its ample and varied literature, a few of the brighter gems with which to beguile the passing hour. On the contrary, I shall invite your attention to a topic which is intimately connected with the

further prosecution of your studies; and a careful consideration of which may be of much service to some of you hereafter. Every student should have two things clearly impressed upon his mind, namely, first, the special topics or branches of learning necessary for him to investigate, and, second, the various methods by which the investigation can be conducted to the most successful and valuable results. It is to the last named topic that I shall chiefly direct your attention on the present occasion.

Medical investigators have developed various methods of research during the past history of our art; and though since the promulgation of the Baconian philosophy, all the methods claim to be founded on the principles of induction, yet at no period of time has there been discernible a greater variety than during the last half century. Whatever may be the apparent diversity, however, they may all be appropriately arranged under three heads, namely, those dependent on simple observation; those conducted chiefly by reflection, and often styled rational or theoretical methods; and those based upon experiment. The first is the most ancient, and numbers among its disciples some of the most illustrious men whose names adorn the pages of history. Perhaps none have ever attained a higher reputation in the school of observation, or presented an example of patient industry, minuteness of attention, and candor, more worthy of imitation than Hippocrates himself. Through most of the long period extending from the time of Hippocrates to the middle of the eighteenth century, medical investigations partook much more of the nature of theoretical dogmas than of observed facts. From the latter period to the close of that century, all the various branches of natural science became rapidly developed, and their intimate relations to medicine became more apparent at every step. Analytical chemistry began to shed an enduring ray of light upon the composition and qualities of many of the secretions and structures of the human body; thereby not merely disproving former vague and theoretical doctrines, but adding immensely to the number of demonstrated facts in the interesting departments of physiology and pathology. An application of the same department of

chemistry to investigations concerning the nature and composition of medicinal agents soon effected improvements in the *Materia Medica* of the most gratifying character. Applications of principles and laws derived from other branches of natural science were made during the early part of the present century of no less importance than the preceding. Such was the application of acoustics, or the laws of transmission of sound, to the diagnosis of disease by Lænnec and Piorry, in the now familiar acts of auscultation and percussion.

As it was by a rigid observation of facts, aided now and then by well-devised experiments, that the different branches of natural science were so rapidly transformed from a crude jumble of facts and fanciful theories to the form of well-defined and exact sciences, so the many points of contact between these sciences and the several branches of medicine could not fail to render the same method of investigation popular and predominant in the profession.

Hence, it soon became popular among medical teachers and writers to declaim against all attempts to theorize, or establish *systems* in medicine based on a few alleged fundamental laws, as had been done by Brown, Darwin, Cullen, Broussais, Rush, and others.

One well observed fact was declared to be worth an hundred theories. The consequence is that in this our day, the simple observation and classification of facts constitutes the predominating and popular method of advancing both the science and the art of our profession. In this widely extended school of observation may be traced several subordinate divisions, each worthy of a passing notice. The first, following the example of Sydenham, fix the attention upon the phenomena of disease as presented at the bed-side, and upon the actual results of treatment in each individual case. The great object with the members of this division is to become familiar with the circumstances and causes which are capable of originating or modifying disease, with the essential phenomena and tendencies of each form of morbid action, and with the effects of remedial agents in mitigating or curing the same.

This may be appropriately styled the *clinical method* of ob-

servation; and amongst its followers must be ranked far the larger portion of English and American physicians.

The second division of medical observers take the celebrated M. Louis of Paris as their exemplar, and attempt to subject all the important phenomena and results of disease to mathematical enumeration and comparison. By this class of observers we are told that in an hundred cases of typhoid fever, for example, certain rose-colored spots may be observed on the chest and abdomen in sixty of them, diarrhœa or thin fæcal discharges in seventy-five, delirium more or less in eighty, and so on in numerical ratio with each important symptom of the disease. To determine the value of remedial agents, a certain number of cases of disease, pneumonia for example, are selected, and perhaps one hundred of them subjected to venesection as a leading item in the treatment. The duration of the disease and the per centage of deaths are carefully noted. Another hundred cases are treated chiefly with antimonials, and the results noted in the same manner. The relative value of these remedial agents is then determined by a comparison of the results thus obtained. This is styled emphatically the *numerical* method of observation. And though it ranks among its followers some of the most renowned physicians of Paris, and some of well-deserved reputation in our own country, whose researches have indeed greatly enriched our professional literature; yet, as a method of therapeutical observation, it is inherently defective.

When any two or more sets of phenomena, or the effects of any two remedial agents, are to be compared with each other, it is necessary that each should present an absolute constancy or uniformity both in its own nature and the circumstances capable of influencing it. It requires but a limited knowledge of diseases to be satisfied that they present no such constancy. The special character of almost all forms of morbid action changes from day to day. An organized tissue, involved in inflammation, may present to-day simple increased vascularity with heat and pain, to-morrow be infiltrated with liquor sanguinis, and the day following the effused fluid be organized into false structure. And as all these changes necessarily modify more or less the effects of remedial agents, it is obvious that to

make a *numerical* comparison, the results of which shall be free from error, two things are essential. First, all the cases embraced in the enumeration must present the same *grade* of morbid action, occurring in individuals of the same temperament and exposed to similar influences. Second, all the cases must be brought under treatment at the same *relative* stage of their progress. A moderate experience will satisfy all of you that these are conditions extremely difficult to fulfil in practice. Without their most rigid observance, however, the results of an application of the numerical method of observation to therapeutical investigation can be but little better than a series of errors. And yet M. Louis himself almost wholly disregarded these conditions. Thus, in twenty-six cases of one form of disease reported by him to determine the value of blood-letting in their treatment, the bleeding was practised in two on the *third* day; in one on the *fifth*; in four on the *sixth*; in one on the *eighth*; in two on the *ninth*; in four on the *tenth*; in two on the *fourteenth*; in two on the *sixteenth*; in four on the *seventeenth*; in one on the *twenty-second*; and in two on the *twenty-fifth*. No enlightened clinical observer will be surprised that so indiscriminate and unequal an application of so potent a remedial agent as blood-letting should have led M. Louis numerically to the conclusion that it possessed little or no power either to cut short or mitigate the disease under investigation. The same indiscriminate application of antimony, mercury, opium, quinine and alcoholic stimulants has been made by Louis and his followers in the treatment of pneumonia and continued fevers, and with very similar results. Thus one after another of our most powerful remedial agents, subjected to investigation by this method, have been either condemned or shown to possess but little actual control over the progress of disease. As a legitimate offspring of this numerical system, modern authors and essayists have filled our literature with statistical tables, embodying what purports to be the results of different methods of treatment in the same disease.

Thus after each epidemic of cholera, we have had statistical tables embracing several hundred cases, some treated chiefly by opiates, others by stimulants, and still others by nothing

except cold water internally, with pounded ice and salt externally; and yet the percentage of deaths under each method of treatment was nearly the same. These therapeutical results, flowing directly from a system of observation conducted according to the forms, and presenting all the fascinating simplicity and precision of mathematical demonstrations, have exerted a great influence over the minds of the profession, and have contributed very largely to the establishment of that general distrust in the efficacy of remedial agents, and that disposition to follow an *expectant* system of medication even in the most acute diseases, which has been so rapidly on the increase in the profession during the last fifteen or twenty years. These same results have been chiefly instrumental in preparing the way for a revival of an ancient doctrine concerning the specific character of all the more important diseases; their tendency to run a definite course or period of time, regardless of therapeutical interference; and their amenability only to the all-controlling powers of nature—the *vis medicatrix natura* of the ancients. Fascinating as has been the numerical system of observation, introduced by the Parisian school of M. Louis, and extensive as has been its influence upon the profession, it is nevertheless based upon data entirely destitute of those qualities necessary to constitute elements in a mathematical comparison. Two or more objects to be compared by numerals must either be absolutely equal, or bear a certain mathematical ratio to each other. But what equality is there between two cases of disease, one in a previously robust and healthy individual, the other attacking its victim when already exhausted by over exercise, mental anxiety, or an insufficient supply of the necessaries of life? Or, what equality is there between three cases of fever, one in the third day of its progress, one in the fifteenth, and another in the twenty-fifth? And what uniformity of result could the physician expect who should use blood-letting or any other active remedial agent, alike in all such cases? Every enlightened physician knows that a remedy which might be eminently beneficial if applied to the treatment of an inflamed tissue at that early stage when the morbid process consisted in simple increased determination of blood to, and its accumula-

tion in the vessels of the part, might only hasten a fatal termination if used in the same manner at a later period when the tissue had become infiltrated with plastic lymph and the patient exhausted from the continuance of disease. And yet it is to such elements, absolutely variant in their nature, changeable from day to day, and consequently wholly incapable of being expressed in figures, that the numerical system of observation has been applied extensively during the last half century.

The application is as unphilosophical as its results are fallacious.

Another division of those who may be ranked in the school of observation have sought to advance our knowledge of the nature and tendencies of disease, by observing its effects as exhibited under the knife of the morbid anatomist and the microscope. The number included in this division is not large; neither have they succeeded in revealing to us the essential nature of a large class of diseases, but they have developed with much accuracy the tendencies and final results of morbid action, and thereby added a most interesting and important department of science under the title of microscopic and pathological anatomy. They might be appropriately styled the anatomical school of observers.

The second great class of medical investigators I have denominated the rational or theoretical.

The great object of this class has been to go a step or two beyond the mere observation and classification of facts. They have ever been inquiring after the why and the wherefore; or, in other words, endeavoring to invent some hypothesis which would explain the origin of the various facts ascertained by observation. The great leading object of this class has been to trace all morbid action to some primary starting point, or to discover a few fundamental principles which would explain all the more common and complex phenomena of disease.

Many have been the theories invented and ingenious the reasoning by which they have been sustained.

At one time the fluids of the body were regarded as furnishing the first link in the chain of morbid action, and all diseases

were attributed to the processes of fermentation and concoction. At another time the doctrines of an exclusive solidism prevailed, and we had the long prevalent theories of *irritation* as modified by Brown, Darwin, Cullen, Broussais, and Rush. One of the latest and most comprehensive attempts at theorizing in medicine, was made by one of our own countrymen, and a resident in the Mississippi valley. I allude to the late Dr. Metcalf, who wrote a very voluminous and learned work to prove that *caloric* is not only the great motor power of the universe, but also the active or efficient agent in producing all vital phenomena. According to his doctrine, light, electricity, and magnetism, are only different manifestations of caloric; and to the influence of the latter he attributed alike the sublime movements of the planets, and the minutest molecular changes which take place in the human body in health and disease. It is from this class of theoretical investigators, that have emanated nearly all the special *pathys* and *isms* of the present and past generations. And yet theoretical speculations have not been altogether unfruitful as a means of advancing medical science. On the contrary, the most fanciful theories have often stimulated their authors and advocates to the collection of a much more extended series of facts, and to the performance of experiments which have resulted in the discovery of new facts and truths of great importance. And this leads us directly to the third and last method of inquiry, to which we shall call your attention, namely, that of direct *experiment*.

The theorist reasons from analogy, and speculates on mere probabilities. The simple observer collects, classifies, and practically applies such facts and phenomena as come voluntarily within his reach. But the experimenter goes beyond both, and by his own acts brings to light new phenomena for observation, and thereby makes positive additions to our stock of knowledge. Unlike both the other methods of investigation, the experimental is almost exclusively of modern origin. And yet to it are we indebted for a large proportion of the most important facts embodied in the several branches of medical science. To it also must we look as the most direct and efficient method of still further advancing the interests of our

profession, and through it, the welfare of our race. But the passing hour will not permit a more extended review of these various methods of investigation.

As you have doubtless already anticipated, these methods have led their followers to the adoption of equally diverse and numerous therapeutical systems or methods of treating disease. These have been variously classified by different writers, but the arrangement proposed by Renouard is at once the most simple and comprehensive. He embraces all therapeutical systems under the three following heads, viz: the synthetical, the analytical, and the expectant. Under the first head are included all those methods of treatment which are founded on simple experience, without reference to the *modus operandi* of the medicines employed, or the particular elements which constitute the disease under treatment.

The synthetical system of Renouard is consequently nearly identical with that which has been denominated empirical by other writers. According to this system, it is sufficient to determine the particular disease under which the patient is laboring, and to apply such remedies as the accumulated experience of the past has shown to be most efficacious for its removal. It is by far the most ancient system, and even at the present day includes among its followers a very large proportion of the active practitioners of the healing art. It is the legitimate offspring of what I have styled the clinical method of observation.

The analytical method of therapeutics, instead of treating disease as a whole, or, to use the language of another, "entirely *en masse*," requires the practitioner to know something concerning both the *modus operandi* of his remedial agents and the several elementary morbid actions which constitute the disease. Thus, in a case of inflammation, the analytical therapist recognizes the elementary morbid processes of sanguineous determination, congestion and infiltration, with increased sensibility of structure, and directs his remedies with a view of removing these several elements independent of each other. This method has been styled by some rational or physiological; and so far as the present state of medical science will permit

its adoption, it is far more satisfactory than the preceding or synthetical method.

The third and last therapeutic method to which I shall invite your attention is the *expectant*.

This method, as practised at the present day, is of very modern origin. The ancient school of clinical observers have been claimed as advocates of expectancy in medicine; but the claim is well founded only in part. Whatever approach to an expectant method of treatment discernible in the teachings of the ancients, is plainly founded on their ideas of concoction, of crises or critical days, and critical evacuations. Instead of being an absolute system of expectancy, or the withholding of active measures, it was rather a reservation of these, to be used only at such times as would favor the supposed crisis.

Modern expectancy is entirely different from this, and is easily traceable to three co-operating influences. First, the theoretical doctrines concerning the origin of all diseases from irritation, excitement and debility, reached the climax of their influence during the last half of the eighteenth century, and under the guidance of such men as Cullen and Rush, a bold and sometimes reckless use of the most active medicines became popular and almost universal. Disease was regarded much in the same light as an enemy to be attacked, subdued and removed from the system. And he who applied the most potent articles of the *Materia Medica* with the greatest boldness often attained the highest degree of popularity. The most active depletions upon the one hand, and the most diffusible stimuli upon the other, constituted the daily armory of the practitioner. Doctrines which inculcated measures of so heroic a character, could scarcely fail to engender excesses, that would sooner or later induce a reaction in the opposite direction, both in and out of the profession. Such being the condition of medical practice at the dawn of the nineteenth century, when the rapid advances in organic chemistry, the facts developed by direct experiments in physiology, and the researches of the morbid anatomists, were rapidly undermining all former theories of disease, revealing the composition of the solids and fluids of the system, and establishing more reliable means of diagnosis, it

was both to be expected and desired that whatever was too bold or severe in these methods of practice, founded on former theories, should be corrected. But at this time a second influence arose in the form of a numerical method of observation as applied to therapeutics, and with its inherent fallacies rapidly developed a distrust in the efficacy of all remedies, as I have already explained. The third influence was almost a necessary result of the second, and consisted in the revival of the doctrine that nearly all important diseases are specific and self-limited in their character, and consequently incapable of being cut short by active medication. It is thus seen that the present expectant system of therapeutics is not so much a legitimate deduction from true clinical observation as it is the rebound from former systems of excessive medication, aided and directed by a false application of the numerical method of inquiry. According to this, now popular, system, diseases are not cured by medication, but by the "recuperative powers of nature." They are no longer enemies to be met and subdued, but simply unpleasant visitors, to be carefully watched and guided until they voluntarily take their leave.

To the advocates of this system I would respectfully propound a few serious inquiries. And first of all, what is this much talked of "*nature*?" And in what consists her wonderful "recuperative powers," on which we must rely for all really curative effects? If the proper office of the physician is to wait upon *nature* and *aid* her efforts, pray tell us what she is and how we may distinguish *her efforts* from the real effects of disease. I fear that fashionable words and popular phrases, are as often used to cover the ignorance of the writer as to convey definite ideas. But, second, what is meant by self-limited diseases, of which we hear so much in these days? That there are some which merit this title is readily admitted. Small-pox, for example, has its definite periods of incubation, development, maturity, and decline; so definite, indeed, that the physician can calculate the days, and almost the hours, with certainty. But who can tell us the self-constituted limits of typhoid fever, for example; or point us to the definite and uniform succession of its phenomena? Does it finish its natural course in

two weeks or six? On what day of its progress do the intestinal symptoms appear, or the rose-colored spots upon the abdomen? Every unbiassed clinical observer knows that the disease has neither a definite limit to its duration, nor a fixed order of succession in its ordinary phenomena. And yet both the forms of continued fever, and most of the phlegmasia, are spoken of as self-limited diseases by the modern advocates of expectancy with as much complacency as though their limits were as well defined as the small-pox or measles. No reform is more needed at this day, than one which should insure greater precision and correctness in the use of language.

But, gentlemen, I must hasten these observations to a close. I have endeavored to call up before you in rapid review, the various methods of investigation with the therapeutic systems to which they have given rise, not for the purpose of condemning one and recommending another, but rather to glance at the advantages and defects of each, that you might in the further prosecution of your studies the more readily avail yourselves of the advantages of the former, and avoid the errors to which you might be conducted by the latter. Each of the systems of investigation to which I have alluded, if judiciously pursued, will aid in advancing the science and art which we are all desirous of cultivating. The method of *simple observation* must ever hold the first place; but to make its results valuable, the observations must be made with great care, minutely recorded, and only such placed in juxtaposition as are absolutely similar.

I have said that the observations must be *minutely recorded*. Here is one of the greatest failures in our literature. A very large share of the observations of physicians, if recorded at all, are done so in such general terms as to express much more nearly the mere *opinions* of the writer than the actual facts he has observed. Young gentlemen, if you would alike enhance your own knowledge and advance the sciences you cultivate, learn early to record accurately and minutely the important facts that come under your observation. Not only learn to observe carefully, and record accurately your observations, but classify them, reflect upon them, inquire freely the why and the wherefore. In other words *theorize*, gentlemen. Not, however,

for the purpose of adding to the many discarded speculative systems of medicine, but for the legitimate and important purpose of ascertaining wherein the observed facts are defective, and how means or experiments can be devised, which, if carefully conducted, will elicit new facts to supply the deficiency. In this way reflection and theorizing may be made of great advantage to science. It is, indeed, when kept within proper limits, the appropriate link between the system of simple observation and that of experimental inquiry. On the latter you cannot bestow too much attention, for in no department is our American medical literature so defective as in the results of direct experimental investigations.

As we find use for all the great systems of investigation, so in the present state of our knowledge, must we sometimes resort in the treatment of diseases to all the therapeutical methods which have been described. There are some diseases, as periodical fevers, syphilis, etc., which are best treated "*en masse*," by remedies which partake of the character of specifics, and their treatment must consequently be included under the synthetic system. There are many other diseases, like the phlegmasia, whose elements are so well known that remedial agents can be chosen to counteract each in its turn, and their treatment must belong to the analytical or rational method. Again, there are other forms of disease, so obscure and hitherto so little under the control of any methods of treatment to which they have been subjected, that every physician is justified in adopting, in relation to them, a strictly expectant system of medication. Yet the great object of all our researches should be to so analyze the phenomena of all complex diseases, that their elements can be clearly comprehended, and remedial agents so chosen as to counteract each of these elements as they are presented to the observation of the physician at the bedside of the patient. This would bring all treatment under the analytical method, which is the only philosophical system of therapeutics.

Gentlemen, my task is done. But before I resume my seat, it will not be deemed out of place for me to allude to another subject.

Since we last met in these halls, two of those who have long been accustomed to occupy places by our side, and annually impart to the classes here assembled, the ample stores of knowledge which they had garnered from the fields of science, are missing from their places. I am happy, however, to state that neither of them have been removed by the grim messenger which we all so much dread.

One of them in the full vigor of life and health, and amply supplied with the good things of this world, has left the toils and cares of the physician for more congenial pursuits. The other, borne down by failing health, has been compelled to abandon at least temporarily the practice of a profession which he loved and honored, and leave a station which he had long filled with honor to himself and much usefulness to the alumni of our college. I need not say that we have parted with them with deep regrets, and that their former labors with us will be remembered and cherished so long as we continue to assemble from year to year in these halls. But while I allude to their absence with feelings of sadness, I am happy to introduce to you their successors, Professors Byford and Rauch, as men every way fitted to maintain the character of their positions, and we trust greatly advance the usefulness of the departments they have been called to teach. With these observations, gentlemen, I must again bid you welcome to these halls, and to all the advantages it is in the power of our faculty to afford you in the acquisition of useful knowledge.

ARTICLE II.

UNUNITED FRACTURES.

BY CHARLES BRACKETT, M.D., OF ROCHESTER, FULTON CO., INDIANA.

November 12th, 1867.

Sometime during early summer, George Lawson, of Marshall County, came to me with an ununited fracture of the left thigh. I explained to him the different modes of relieving such difficulties, and told him that during that or the first of the next week I would operate. He promised to come down the next

week. Three weeks afterward he sent to me from Plymouth to see him and amputate the limb. At the request of the surgeon attending, I took my amputating case, went up, and found that he was under the care of a homœopath, who had performed the following operation on the thigh two weeks previously: First, after trying unsuccessfully to produce anæsthesia, he made a free incision of about six inches in length over the seat of fracture, on the anterior face of the limb, at the junction of the lower with the middle third; then, with a straight saw, chisel and forceps, he succeeded in removing a piece the lower end of the superior fragment; then, as the fingers of assistants and the saw were too large to reach the upper portion of the lower fragment, which was posterior, he proposed to turn the patient over and make another incision on the posterior face of the thigh, that the bone might be more easily reached with the saw. As, however, the day was nearly passed, and assistants and patient pretty thoroughly fatigued, the operation was concluded by extending the limb, placing the ends in apposition, on a long board reaching from the hip to the foot, with a foot board attached. When I saw him, matter was discharging freely from the thigh; the bones lapped several inches more or less. Having much faith in the *vis medicatrix natureæ*, I applied the bandage *amidonne* the whole length of the limb, directing that the limb should, for at least ten weeks longer, be kept immovably fixed by immovable bandage, and that at the expiration of three weeks I should be sent for, when I would apply one of Day's carved splints, which would allow the limb to be partially flexed, and with the starched bandage enable Lawson to go about with crutches, with no danger of further displacement.

I gave him some encouragement that the limb might become serviceable, and condemned at any rate the removal of the leg at that time. I heard nothing further from him for seven weeks, when he again sent for me to see him at his own residence. He was still in bed, as he had been since I had seen him, with the limb tightly bandaged from the knee up four or five inches above the fracture with four short splints and a common bandage. The thigh was so tightly bandaged, that it was a matter of wonder to me that the leg did not die from the

effects of it; but, instead, the leg and foot were not the least swollen, and only a slight redness on the inner side of the knee. I refused to remove the bandages until at the expiration of three weeks more, giving him my reasons for thus doing. At the end of another week he sent for me again to remove the leg. I sent my partner, Dr. Gould, with instructions to direct him to wait till the expiration of the time I had fixed. Lawson consented; and when the time was up, I went out and removed the dressings, especially, as from the pressure of the inner splint, an abscess was forming at the seat of the redness above mentioned. We could not tell to a certainty whether the union was sufficiently firm to bear his weight, as the muscles and other tissues were so wasted from long pressure and disuse that he could not try it. To *appearance*, however, the limb is firm at the point of fracture. I opened the abscess some two weeks later, in Rochester, whither he had come to see me, or rather it opened itself about the time I got to the house. It is a matter of uncertainty yet whether the bone has become diseased, as it has been discharging considerably from the time I saw him at Plymouth to the present.

There are several points of interest connected with this case, not the least remarkable of which is that any man could dare undertake an operation of the kind unprovided with chain saws, retractors and other appliances, which should render the *operation* perfect, even if a cure should not follow. If a cure or recovery takes place in the leg, it is a marked instance of what nature can do under difficulties.

You shall have the sequel to this case, if we live to observe it.

Mrs. Putman, eight miles east of town, was confined under the care of Dr. S. S. Terry, and delivered of twins. One week after, Dr. Robbins, of Rochester, was called in consultation, and by him, the next day, I was called to see as to the propriety of amputation—gangrenous erysipelas having attacked the left leg and the skin sphacelated to the knee, with most copious and exceedingly offensive discharge; pulse about one hundred and thirty, small and wiry; spots of erysipelas showing themselves on right leg, one arm, and on the upper portion of sternum. We waited one day to see if *large doses of quinine and opium*

internally, and iron or iodine tinct. sat. locally would check the spread of the disease. It appeared to do so, and the next day we proceeded to amputate about six inches above the knee. I chose the circular method, and cut just above where a spot of disease showed itself on the thigh; when down to the periosteum and through it, it slipped up the bone like rotten epidermis. I thought "my patient will surely die," but finished the operation, and at the end of ten days she was quite smart. All the other spots of inflammation had suppurred freely, had not spread, and the patient every way comfortable, able to sit up, with good appetite and spirits. The stump healed by first intention. The same disease attacked her husband, and was with little difficulty controlled by *iron, qui. sul. and opium* internally, with tinct. iod. sat. or sol. ferri. sul. locally applied, both being used, though I placed most confidence in sul. ferri. In both these cases *quinine* exerted a marked *beneficial influence*. It was omitted several times during the treatment, *always* followed by an aggravation of the symptoms, which immediately became ameliorated on a recurrence to the quinine. The skin (on the leg removed) from metatarsus to knee was separated from the superficial fascia and entirely black except a small strip on posterior surface. I exposed it to a stream of running water for eighteen hours to cleanse it. All through the black sphacelated skin, the vessels were seen entirely unharmed by disease, and were the only connecting links between the skin and deep-seated tissues. The disease had reached the bone at several points on the tibia, evidenced by discoloration and softening.

May 26th, 1857.—Mary Tully, aged 14, came to me, quite blind. Scrofulous diathesis; lids so puffed that I could not see eyes. Eyes were always weak; intolerant of light; acutely inflamed two months. Apply nit. argt. to brow, sweet oil to edges of lids; cathartic of elaterin. Three days after can see eye-balls; cornea quite opaque; whole conjunctiva red, and dotted with minute spots of ulceration. Use aqueous sol. sul. morph. and sul. qui. to eyes four times per day. Continue oil to edges of lids, cathartics of elaterin, cret. preparat. and prot. iod. hydrg. and aloes alternately. Continue treatment five weeks. Discharged cured, except tumor on right eye-ball at

lower edge of cornea, of size of a small pea. Continue wash as above, and same cathartics once a-week. *Sept. 4th.*—Returned to see me, vision good, eyes strong; tumor, which was developed by internal inflammation, entirely gone, and general health good.

ARTICLE III.

CASES OF CANCER TREATED AT THE COLLEGE CLINIC BY
PROF. BRAINARD.

1. CASE OF SCIRRHOUS CANCER OF PENIS—AMPUTATION—RECOVERY.
2. CASE OF EPITHELIAL CANCER OF FACE—EXCISION—GREAT AMELIORATION.
3. CASE OF ENCEPHALOID CANCER, SITUATED UPON THE SIDE OF THE ABDOMEN, OF LARGE SIZE—EXCISION—DEATH AFTER THREE WEEKS FROM HEMORRHAGE INTO THE BRONCHIAL TUBES.

REPORTED BY EDWIN POWELL, M. D., LATE ASSISTANT SURGEON OF THE U. S. MARINE HOSPITAL, CHICAGO.

Michael H—, aged 45, a laborer, a stout muscular man, and, excepting a slight sallowness, healthy looking, applied to the College Clinic, Oct. 17th, 1857.

Present state.—Over the base of the glans penis, and a little to the left side, was a large ulcer which perforated the prepuce. Its edges were sinuous, everted and raised, and overhanging a marked constriction which surrounded their base. The surface of the ulcer was covered over with firm sprouting granulations, and discharged offensive ichorous pus. The penis was enlarged to two or three times its natural size, and was indurated and hard. The prepuce was in a condition of congenital phymosis, and it, with the integument of the penis, was inflamed and swollen. The whole was extremely sore and tender to the touch. There was an enlargement of the glands of both groins.

History.—Two years previous he discovered a hard lump of the size of a pea in the left side of the glans penis, which enlarged for a period of six months, when it commenced to ulcerate; the ulceration gradually perforating the prepuce, and extending down the left side of the penis in circular form. During the time, he applied to several doctors, but received no benefit from treatment. He says cold water applied locally

to the part relieved the itching and inflammation better than anything else.*

The disease was pronounced to be cancerous, and accordingly amputation of the penis was proposed to the patient, to which he assented.

Operation, Oct. 17th.—The skin of the penis having been drawn forward, and the organ grasped with the left hand, the whole was severed with a single sweep of the knife within an inch of the pubis. The skin at once retracted, leaving the uncovered corpora cavernosa projecting prominently forward. Ligatures were applied, and the penis covered with wet lint. On examining the removed parts, the glans and corpora cavernosa, to within half an inch of the incision, were found to be infiltrated with the deposit of scirrhus. It is perhaps scarcely necessary to remark, that the object in dividing the skin as far back as possible was to prevent it, during the healing process, closing over the end of the stump, and occluding the orifice of the urethra. In amputations of an extremity, no result is more deprecated than a conical stump; in the case of the penis, however, that condition is most desirable, and the rules for the performance of the two operations are consequently reversed. The incision through the skin should in the latter be as far back as possible, while, as is well known, in the former it can scarcely be made too far forward.

Nov. 5th.—The healing process has progressed favorably, and is now nearly complete. The orifice of the urethra projects, and its lips are everted and pouting in the best possible manner. He has had no difficulty in voiding his urine, has been quite free from pain since the operation, and appears to be in good health. After the operation, the lactate of iron was prescribed for the patient in five grain doses three times a-day, which he continued to take for the space of four weeks. It had the effect of removing his former sallowness and increasing his appetite and strength. Discharged.

This case furnishes another instance of the association of cancer of the penis and congenital phymosis. Their very frequent coincidence has been noted by all who have recorded observations on the subject. Hey observed it in nine out of

twelve examples of the disease which fell under his notice; a proportion very great, when we consider that the malformation is after all not a common one. Mr. Travers has thrown additional light upon the subject, by showing that Jews are seldom the subjects of cancer of penis. The importance and occasional difficulty of diagnosis between cancerous and venereal ulceration of the genitals will be generally admitted. To mistake the disease, on the one hand, would be a fatal error, and on the other an unpardonable mistake. The use of the microscope should not be omitted in doubtful cases. The examining of the discharge, and portions of the diseased mass, which may be removed for that purpose, together with the history of the case, should enable us in every instance to make a correct diagnosis.

2. CASE OF EPITHELIAL CANCER OF THE FACE — EXCISION — GREAT AMELIORATION.

John Harris, aged 55, a ship carpenter, presented himself at the College Clinic, Oct. 24th, with a disease presenting the following appearance:

A fungous growth occupies the whole of the left side of the face, extending from the eye to the lower border of the inferior maxillary bone, and from the nose to the ear behind, projecting three and a half inches from the face. The surface is of a dark brown color, produced by the application of wood ashes, which the patient has been in the habit of using.

There is a copious discharge of excessively fetid pus from the surface. The movements of the lower jaw are continually interfered with. The patient is emaciated, and has the sallow appearance peculiar to cancerous patients.

The history of the case as given by the patient is that some three years previous a discolored spot made its appearance in the center of the left cheek, which remained stationary for six months, when a small lump was developed in its center, which continued to increase in size uniformly for one year. At this time he consulted a *cancer* doctor, who applied a caustic plaster to the tumor, which caused the integument and a part of the tumor to slough. In a very short time after this a fungous growth commenced to spring up from the base, which has continued to grow quite rapidly until the present time.

During this period, the patient has been traveling about the country consulting different "*cancer doctors*," who each in turn promised him a cure and applied his plaster, but, instead of receiving any benefit, the disease seems to have been greatly aggravated.

TREATMENT.—The fungous growth was removed with a scalpel a little below the surrounding surface. The copious hemorrhage which followed was checked by the application of the actual cautery. Water dressings were applied to the part. No unpleasant symptoms followed the operation, the patient being able to walk to the office each morning the distance of one mile. The remaining portions of the tumor have since been removed from time to time by means of the knife and arsenical paste. After the entire removal of the tumor, the vapor of iodine was applied to the surface of the ulcer. The method of applying the vapor is—first, to place upon the ulcer a dressing of simple cerate spread upon lint, and next to place half a gr. of iodine folded in a bit of paper or cloth on the surface, over which you place a layer of oil silk and tinfoil. The dressing is to be kept in place by a roller. The heat of the part vaporizes the iodine; and the oil silk and tinfoil preventing its escape, it is applied equally and continuously over the surface of the ulcer. Under this treatment the surface commenced to cicatrize very rapidly, and at the end of three weeks it was only about one-fourth its original size. The fetid discharge is entirely absent. The patient's general health, however, did not improve with the local disease. He was affected with diarrhœa most of the time, but this was probably owing to the fact that he was unable to procure comfortable board and lodgings, on account of the offensiveness of his disease.

Nov. 24th.—The patient returned to his home in the country to-day. The original ulcer is no larger than a twenty-five cent piece and presents a healthy appearance. It will be observed that although the cure was not entirely complete at the time of the patient's going away, yet the improvement was very great.

The history of this case proves conclusively that if we are not able to cure advanced cases of cancerous disease, we can do very much towards relieving the local symptoms.

3 CASE OF ENCEPHALOID CANCER, SITUATED UPON THE SIDE OF THE ABDOMEN, OF LARGE SIZE—EXCISION—DEATH, AFTER THREE WEEKS, FROM HEMORRHAGE INTO THE BRONCHIAL TUBE.

James Owen, aged 30, an Irishman, of intemperate habits, applied to the College Clinic, Nov. 7th, 1857, with a tumor occupying the left lumbar and iliac regions of about five inches diameter. The skin covering the tumor was of the natural color, except on its most prominent part, at which point it seemed to be inflamed from friction of the clothes, and where it was traversed by veins, the enlargement of which was conspicuous. It was lobulated, and on a superficial examination seemed hard, but on a careful investigation a number of soft spots could be discovered. Some of these had been opened under the impression that they contained matter, but only dark blood was discharged. The patient has never suffered much pain in the part.

History.—Some two years previous a small kernel made its appearance under the integument of the abdomen, which has grown rapidly and uniformly since. The patient has, however, been able to follow his usual occupation, until within the last six months, when from its size and weight he was not able to labor.

TREATMENT.—The patient being brought fully under the influence of chloroform, two semilunar incisions, which joined each other at their extremities, were made over the center of the tumor. The two flaps thus formed were dissected back as speedily as possible, mostly with the finger, and the tumor was raised from its base. It involved all the parts down to the transversalis fascia. Ligatures were placed upon the bleeding vessels and the wound closed by sutures; a compress was placed over the wound, and a roller round the patient. In consequence of the enlargement of the vessels leading to the tumor, a considerable quantity of blood was lost during the operation, and the patient was a good deal depressed at its close. He was placed in bed, warmth applied externally, and stimulants administered internally.

At the end of a few hours the patient had rallied from the effects of the operation, and remained quite comfortable until the following day, when he was attacked with delirium tremens

in its most violent form, which continued for three days, when it subsided under the influence of opium and stimulants.

From this time forward the patient progressed favorably until the twenty-first day after the operation, when he suddenly died with hemorrhage from the lungs. No autopsy could be obtained.

After the removal of the tumor, it was carefully examined with the microscope, and found to be a soft or encephaloid cancer. The wound had commenced to heal at the edges, and presented a healthy appearance. The cause of the patient's death was in nowise connected with the operation or wound.

ARTICLE IV.

REPORT OF CASE INVOLVING LOSS OF CORRESPONDING PORTIONS OF BOTH HEMISPHERES OF THE BRAIN.

BY L. N. DIMMICK, M.D., FREEDOM, LASALLE CO., ILLINOIS.

While there exists such a difference in theories with regard to the physiological action of the different portions of the encephalon, it is desirable that all facts having a direct bearing upon this subject should be candidly observed and recorded.

On the 22d August, 1852, I was called to the house of Mr. George Barnard, town of Adams, Lasalle Co., Ill., to see his child, a boy, two years and six months old, who had been kicked by a colt on the head, and found him in violent convulsions. The kick was received about the middle of the frontal portion of the frontal bone, fracturing it laterally from one temporal fossa to the other. At the lower edge of the fracture the frontal bone was depressed upon the brain not less than half an inch. The meningeal membranes were severed, and portions of the skull driven into the substance of the brain.

From a late conversation with his mother, I learn that he was hurt on the 18th, just four days previous to my first visit. During that time had appeared so well, that it was supposed that the skull was not fractured, that the wound extended only through the scalp. The first evening he vomited a little, but the three succeeding days he played around the house as usual,

rode a stick calling it his horse, appeared a little more restless than before the injury; the evening of the 21st complained of being sick, the pupils of his eyes were dilated. On the 22d, was taken with convulsions, which continued with great violence for six hours. After elevation of the depressed bone, removal of both tables of the skull from the substance of the brain, and free discharge of purulent matter, mixed with blood and portions of the brain, the boy became rational. This was on the 23d.

His right side was found to be paralyzed on the subsidence of his convulsions, and remained so as long as he survived. For two or three days the suppuration and discharge of sloughed portions of the brain was profuse, accompanied at times by copious hemorrhage, so that by about the 25th or 26th, the anterior portion of the frontal lobes of both hemispheres, as far back I judged as the corpus callosum, was entirely gone. The orbital plates were laid bare. After washing out the cavity the brain could be seen and felt, presenting an irregular surface or wall, nearly perpendicular to the base of the skull. And yet, to my surprise, he retained his mental faculties apparently unimpaired. During the greater part of the remaining time he was perfectly rational. When not spoken to, or his mind apparently not occupied by things around him, he frequently kept up a monotonous hum or song.

The portion sloughed involved, according to the phrenological system, the perceptive faculties—causality, comparison, etc.—I had the curiosity to question him closely from day to day to test his capacity in this respect, and yet in none could I discover but that he manifested his former perception and reasoning powers.

A brief sketch of this case, written in answer to a letter of inquiry, was unexpectedly to me, published in the *American Phrenological Journal* for 1857, in the June number. Fowler, in attempting to reconcile this and similar cases with his phrenological theories, shrewdly attempts to soften down this "rather strong language." He says this ability (manifesting his former reasoning powers) was destroyed by his loss of brain. That "whatever is presented to his senses awakens old impressions," but excites no new ideas, leads to no new mental

results, increases not in the least the stock of knowledge or ideas entertained up to the time of the accident.

In questioning him on points requiring the exercise of comparison, causality, eventuality, numeration, form, color, etc., I asked him questions that I do not think could ever have occurred to him, and endeavored to confuse and puzzle him, but his apt replies and his judgment satisfied me that he was more precocious than most children of his age.

That the reader may judge for himself, I will state some circumstances noted down during their relation by his mother. He was very particular about his watchers; on the evening of the 29th he was told that one of them was his grandmother; he turned his eyes towards her, and then replied, with evident disappointment, "No! that ain't *my* grandmother."

He had been fond of seeing himself in the mirror; while his wound was uncovered it was carried to him; he looked in it, and screaming with fright, pushed it from him.

He would take a bush and keep the flies from him. Once, when his mother took it to drive them away, he remarked, "Mother, you won't whip me, will you? Whip Peter (his brother), he is naughty," and then specified the wrong act.

On the 30th he lost the power of speech, still remaining, in other respects, nearly the same. He had a desire for food, and by signs called for it and other things that he wanted. On the 4th of September his grandmother came to see him; he expressed by his kindling eyes, his smiles and his attempts to talk, his great pleasure at seeing her.

On the 7th of September he was evidently sinking rapidly. He gradually became comatose, and died on the 8th, just three weeks after receiving the injury. The natural action of the bowels and bladder continued throughout the whole time.

ARTICLE V.

CHLOROFORM IN PAROXYSMAL TYPHOID FEVER.

BY F. W. WHITE, M.D.

In the beginning of November, I was called to see Mrs. B—. She was a native of New England, and only for a few weeks

previously a resident of Chicago, having moved west in the month of September. She was 25 years of age, and of good constitution.

From the history of the case as given by herself and friends, I elicited the following information: She had complained for nearly a week prior to this of slight pain in the head, back and limbs; lassitude, restlessness and anxiety; loss of appetite, uneasiness in the epigastrium and nausea. There had first been a slight chill, which was followed by remissions and exacerbations of fever, with a sense of chilliness during every day.

At five o'clock P. M. during this my first visit, the following symptoms were manifest: The surface of the body was hot and dry, the face flushed, lips of a purple hue, eyes dull and heavy, and the countenance anxious and haggard. The pulse was frequent, but not quick or sharp, soft, easily compressed and somewhat irregular, and about 110 in a minute. There was pain in the head, back and limbs. The tongue was covered with a thin white fur, nausea, pain in the epigastrium, and bowels constipated. There had been a remission of the febrile excitement during the morning, but not an entire intermission. The urine was scanty, and of a deep red color.

Taking the history of the case and the symptoms apparent at this time, I diagnosed a simple remittent or bilious fever, and prescribed the following:

R	Sub. mur. hydr., grs.	xjj.
	Pulv. Doveri.	3j.
	Sulph. quiniæ.	ʒj.

M. Fiat pulv. no. vj. Of these powders I directed one to be taken every four hours, alternated by one-half teaspoonful of spts. nit. dulcis. during the remission, the spts. nit. dulcis. to be continued during the paroxysm of fever, at intervals of two hours.

Second day, 3 o'clock p. m.—Passed a restless night, being quite nervous and confused, which was followed early in the morning with decided remission and sense of chilliness. These symptoms passed away before mid-day, and I found her in the afternoon with a full soft pulse, about 110 in a minute, throbbing headache, pain in the back and limbs, and a sense of

general weariness. The skin was hot and dry, face much flushed; lips of a deeper purple hue; countenance anxious, and there was slight delirium; tongue heavily coated with a dirty white fur; no appetite; great thirst; nausea. I directed a laxative to be administered, and the powders to be continued as during the previous day. These powders were designed to open the secretions, and break up, if possible, the apparent periodical character and return of the fever. To meet the nervous symptoms and quiet the generally irritable condition of the system, I prescribed fifteen drops of chloroform, to be given in each dose of the *spts. nit. dulcis.*, this to be taken with half a wineglass of sweetened water, and continued during the night.

Third day.—Patient rested well during the night; nervous symptoms somewhat less intense; remission of fever as on previous day, but not of so long duration, nor of so marked a character. The bowels moved excessively after the administration of the laxative.

Three o'clock p. m.—The exacerbation of the fever continued unchanged in any perceptible degree; restlessness; insomnia; eyes injected, heavy and dull; pain in the head and back; countenance much flushed; lips deeply purple; pulse 110 in a minute, soft, small, feeble and easily compressed; tongue dry, heavily coated and red at the edges; bowels tender, loose, with watery discharges; pain in the right iliac region on pressure; tympanitic; urine scanty, high colored and offensive. She was apparently much depressed. The nervous symptoms being modified in a considerable degree, and considering the chloroform too irritating to the mucous membrane, I ordered it to be discontinued, and finding the quinine did not exert the desired influence in arresting the paroxysmal character of the disease, but rather appearing to increase the exacerbations, I had it also discontinued.

Finding, now, the well marked symptoms of typhoid fever, with the exception that there was a remission of a peculiar and unmistakable character, with daily exacerbations or paroxysms of fever, I diagnosed a typhoid fever of the remittent type or a paroxysmal typhoid fever, as more properly denominated by Prof. N. S. Davis.

The patient being much depressed and prostrate, I prescribed as follows :

R	Sulph. morphiae,	gr. j.
	Sulph. quiniæ,	grs. v.
	Mur. sodæ,	ʒ iv.

M. Ft. pulv. no. v. One to be administered every three hours, and a Dover's powder to be given at night. By this means I designed to fulfil two indications,

- 1st. To allay the irritability of the stomach and bowels.
- 2d. To increase the tonicicy of the system.

Fourth day, 8 o'clock a.m.—Found the patient with the usual remission of fever, but not so complete nor of so long duration. Nervous symptoms somewhat more unfavorable; other symptoms more favorable than on the previous day. Treatment continued.

Three o'clock p.m.—Found the patient with an increased paroxysm of fever; nervous symptoms all intensified; pulse more frequent and feeble; skin burning hot, arid and crispy; tongue more dry, brown and cracked; pain in the abdomen; bowels tympanitic and more irritable, with frequent discharges of a watery character; urine scanty, high colored and offensive. The expression of the countenance was vacant, more anxious, of a deeper, dusky hue; eyes injected. Delirium of a low muttering kind. Having witnessed the good effects from the administration of chloroform in cases of typhoid fever, where the pulse was soft and easily compressed, and where the nervous symptoms are more predominant (in my own practice, and that also of Prof. N. S. Davis), I determined to rely on it mainly in this case.

Chloroform being almost entirely insoluble in water, and when in combination with sweet spts. nitre and water is precipitated, and passing over the mucous membrane of the throat to that of the stomach, in the undiluted form produces a considerable inflammation, almost amounting to acute gastritis. Having witnessed this result in several cases, I devised the following emulsion :

R	Pulv. acaciæ,	
	Pulv. acchari. albi.	aa 3jss.
	Spts. nit. dulcis.	
	Chloroform	aa 3jss.
	Aquæ destil.	3jss.

Ft. emulsio. Of this I directed two teaspoonfuls every four hours, alternated with one of the following powders :

R	Pulv. oppii.	grs. vi.
	Sulph. quiniæ	grs. vi.
	Sacch. albi.	3ss.

M. ft. pulv. no. vi. I designed, in this instance, to increase the tonicity of the system, allay the nervous susceptibility, and quiet the intestinal irritation, and thus causing the pulse to become slower and more full, the vital forces would be increased.

Fifth day.—Saw the patient at 10 o'clock a. m. A slight remission during the morning; pulse 100 in a minute; soft, and not so small as before; tongue brown, cracked and dry; skin hot and dry; delirium not so great—not so restless. Treatment continued.

Six o'clock p. m.—Pulse 100 in a minute, more full than in the morning, soft and easily compressed; less anxiety manifest; slight delirium; face less dusky; tongue brown and more cracked than before; complains of fauces being sore; bowels more quiet during the day; less tympanitic. Treatment continued.

Sixth day, 3 o'clock p. m.—The patient rested better during the night; had very little fever during the morning. Pulse is now 90 in a minute, more full and regular; tongue cleaning off some, through the centre, and less dry; bowels less troublesome; no delirium; skin not so dry; patient in every way improved. Continued the treatment at longer periods.

Seventh day.—Good night's rest; all the symptoms much improved. Directed the emulsion to be used every six hours, and the powders to be substituted by one teaspoonful of the following, between each dose of the chloroform :

R	Magnesia sulphat	3ij.
	Tinct. oppii.	3ij.
	Aromat. sulph. acid dilut.	3j.
	Aquæ	3ij.

M. To be taken in a little sweetened water, and to be continued as long as the bowels should remain too loose.

These were continued until the evening of the eighth day, when she was put upon tonics and simple nutritious diet. She had strong beef tea, highly salted, during the course of the fever, as much as she could be induced to take. She went on convalescing until entirely well.

I administered, in this case, quinine in small doses most of the time, after failing to break up the paroxysms of fever, not for the purpose of cutting short the disease, but to sustain the system. I assign the favorable termination of the fever to the use of the chloroform emulsion for the most part; for it will be noticed when the chloroform was discontinued and the quinine substituted and combined in the salt mixture, the symptoms all became more unfavorable.

* The "modus operandi" of the chloroform in the peculiar pathological conditions existent in such cases is not fully known. By inhalation we know that it is first stimulant, increasing the susceptibility of the system, exciting and quickening the pulse, and afterward altering its character to a slow, full, but not hard pulse.

By actual experiment upon myself, taken in doses of fifteen drops every half hour, the pulse rose first, and in an hour fell below the usual number of pulsations.

The use of chloroform is therefore based on experience for the greater part. The patient, in the present case, was sick about twelve or thirteen days in all, and about eight after treatment was commenced.

ARTICLE VI.

[TRANSLATED BY DR. BYFORD.]

DEATH CAUSED BY HEMORRHAGE FROM THE VAGINAL MUCOUS MEMBRANE.

A young spare girl, aged 14 years, in the beginning of June, 1852, was taken with bleeding from the vagina, which was slight and regarded as a menstrual effort. Ten days later, a small amount was again discharged, and on the 27th of June a

larger amount was evacuated, without, however, causing much solicitude. On the 10th of July the hemorrhage was so considerable that Dr. H. Obie was called. Excepting headache, the patient experienced no pain whatever.

The loss was so great, that every half hour it was necessary to change the bedding, and the girl exhibited signs of great anæmia. All the remedies usually recommended, acids, cold applications, vaginal tampan, compression of the abdominal aorta, and (as might have been expected—TRANS.) mesmerism itself failed, and death occurred on the 16th.

Upon post-mortem examination being made, the abdominal and pelvic organs, with the exception of general bloodlessness, were quite sound. The cavity of the uterus was free from the appearance of blood and its orifice closed. But the vaginal walls were very much relaxed, and the mucous membrane separated from the subjacent tissue by ecchymosis in a great many places. No signs of ruptured vessels or loss of tissue were to be found. The abdominal aorta was empty.—*Schmidt's Jahrbucher.*

ABORTIVE TREATMENT OF EXTRAUTERINE FŒTATION BY MEANS OF ELECTRICITY.

BY DR. BURCI OF PISA.

A young woman, aged 29 years, who had borne four children, on the 1st of July, 1852, experienced symptoms of her fifth pregnancy as she supposed. She remained ordinarily well until the 29th of December, when she was suddenly seized with pain in the hypogastric region, bearing down, dysuria and tenesmus, and fainted several times. As she feared abortion, she sent for a physician. Examination revealed a natural condition of the uterine cervix. The symptoms were met by cataplasms, belladonna ointment and castor oil. They continued, however, for some time, returning often after partial relief, until a considerable quantity of blood with albuminous flocculi were discharged from the uterus. On the 25th of January, 1853, a tumor about the size of an orange was discovered occupying the left iliac fossa, which the author and several of his colleagues diagnosticated tubal fœtation. The indication

seemed to be to arrest the growth of the ovum. To effect this, two needles were introduced, one on each side of the tumor, with their points toward its center. Their remote ends were connected with the opposite poles of a galvanic battery, and a stream of electricity thus directed through the middle of the swelling. The patient screamed with pain, which this procedure occasioned. From this forward the tumor diminished in size. On the 6th of March it was only about as large as a pigeon's egg, and in April the menses returned. No further treatment was necessary.—*L' Union Med.*

TREATMENT OF PHTHISIS PULMONALIS.

Mr. Churchill presented to the Academie de Medicine of Paris the following *resume* of a memoir on the cause and treatment of consumption: "The total number of cases treated by me were thirty-five, all of which had advanced to the second or third stage, that is to say, the tubercles were either undergoing softening, or had been more or less evacuated, leaving cavities behind. Of this number, nine were completely cured, and in eight of the nine the physical signs have entirely disappeared; eleven more cases were very much improved, fourteen died, and one is under treatment.

"The immediate cause, or at least an essential condition of the tuberculous diathesis, is the diminution in the economy of oxygenizable phosphorus. The specific remedy of this disease consists in a preparation that has the double property of easy assimilation and oxydation. The hypophosphites of soda and lime are the preparations which appear thus far to unite the two conditions. Administered in doses varying from ten to sixty grains a day, they may be employed indifferently or alternately in the treatment of phthisis. The maximum dose which I have administered to the adult is twenty grains. They produce an immediate effect upon this diathesis, and cause to disappear with marvelous rapidity all the symptoms which express the phthisical condition.

"When the deposit which results from this diathesis is recent, when the softening is but just commenced, when these processes do not advance too rapidly, the tubercles are re-absorbed, and

disappear without leaving a trace behind. When the deposit is older, when the softening has attained to a certain degree, it continues sometimes in spite of treatment. The issue of the disease depends upon the anatomical lesion, its extent, and above all, the presence or absence of complications.

"Of the numerous trials I have made with various substances used by inhalation, I have seen no good results from them in modifying salutarily the local lesions.

"The hypophosphites of soda and lime are *certain* prophylactics against tubercular diseases. The physiological phenomena I have observed during the administration of the hypophosphites of soda, lime, potassa and ammonia, show that these preparations have a double action. On the one hand, they augment the principle that generates nerve force; on the other, they are *par excellence* superior to every other known hematogene. They possess in the highest degree the therapeutic properties attributed by the ancients to phosphorus, without one of the dangers which caused this latter substance to fall into disrepute. There is no doubt but that the hypophosphites will occupy at no distant day the front rank among therapeutic agents."—*Archives Generale de Medicine*.

CONGENITAL IDIOPATHIC CEREBRO-SPINAL MENINGITIS, IN THE
HOSPITAL DE LA MATERNITE, STRASBOURG.

BY M. STOLTZ.

The following case is very interesting in a diagnostic point of view, and especially its anatomical lesions, as they completely resemble the appearances observed in the victims of the epidemic of meningitis, which prevailed some years ago in Strasbourg. M. P.—a woman, 37 years of age, servant, entered the hospital, Dec. 28, 1856. She was of moderate stature, had black hair, sanguine temperament and good constitution. She was delivered at the age of 25 years, of a boy, which she nursed two years, and is now living. Her present pregnancy has not been attended with any of the usual sympathetic symptoms. At the commencement she had tertian intermittent fever, which was easily cured by sulphate of quinae. The 21st of January, 1857, without apparent cause, she lost a large quantity of liquor amni

with considerable meconium. Almost at the same time she ceased to feel the movements of the fœtus, although the heart could be heard beating with increased rapidity. In view of these circumstances, the accomplished attendant, M^{lle} Laugel, diagnosed a congenital disease of the child. The child presented in the first position, and was promptly expelled on the 23d of January, after ten hours' labor. It was apparently dead from asphyxia. Respiration, after a long time, was established with great difficulty, and in an imperfect manner. At length, the child uttered a faint and mournful cry, the skin grew warm, and color insensibly pervaded the surface. On the 25th the child did not suck, nor swallow anything given from a spoon, as everything put in its mouth ran out again; was drowsy constantly, and the face of a yellow color. It does not cry, and utters no sound but a faint, constantly-repeated moan. The meconium was discharged once during the day. Respiration is short and frequent, but no abnormal sounds are revealed by auscultation. The 26th January, the child has not yet sucked, and takes anything from the spoon with great difficulty and in very small quantities; still moans almost imperceptibly; general rigidity of the limbs; the surface natural in color; the mouth can be easily opened; no trismus.

January 27th.—The child did nothing but moan throughout the night; it would not take the breast, nor nourishment from the spoon; has passed more meconium. There are no muscular contractions nor paralysis observable. The cranium is remarkably small, with considerable depression above the temples. The eyes are gently closed, but may be opened; the head forcibly thrown backward, and when the head is seized, it feels as if a part of the column (opisthotonos). Two leeches to be applied, one on each side of the vertebral column between the shoulders; ten parts of olive oil to two parts chloroform, mixed thoroughly for liniment, to be rubbed along the whole length of the spine. *28th.*—The condition of the child is unchanged; it has moaned constantly during the day; two alvine evacuations of a green color; the leeches were borne well. This morning there is less rigidity of the spinal column, but lockjaw and contraction of the muscles of the upper and lower extremities, with

occasional nervous trembling, resembling successive shocks of electricity. The eyes are less rigidly closed, but look hollow and haggard. Respiration is almost completely abdominal, and deglutition almost impossible, a few drops of fluid only finding its way into the stomach at each effort. Frictions of chloroform to spine, cataplasms to the legs; one grain of musk, suspended in one ounce of mucilage, to be given in teaspoonful dose immediately. It could not take the medicine, and remained in pretty much the same condition until seven o'clock in the evening, when it died.

Autopsy, January 30th.—Cadaveric rigidity very great; fingers strongly flexed on the palms of the hands covering the thumb. The palmar surface of the hands presented deep indentations, produced by the pressure of the ends of the fingers. The feet were strongly flexed upon the leg, the two forming an acute angle with each other; the great toes were also equally firmly bent upon the foot. Nowhere upon the surface was perceptible either hardness or infiltration of the cellular tissue. Upon opening the skull, besides a quantity of serous effusion of a yellow color between the pia mater and arachnoid, there was a gelatinous exudation quite abundant along each side of the superior longitudinal sinus. The vein which emptied into this sinus, as well as all the others in the neighborhood, were gorged with blood. The same sort of exudation existed also in great abundance between the two hemispheres and their outer borders, but in less quantity. The ventricles were dilated with limpid serum. The choroid plexus was covered with pseudo-membranous deposits perfectly organized, but in which the microscope revealed no pus globules. The same gelatinous exudation observed on the upper surface was spread out on the middle and posterior lobes. It was also found in great abundance on the cerebellum and vermiform process. It was also prolonged upon the pons varoli and medulla oblongata. Abundant pus globules were detected in the substance of the vermiform process of the cerebellum. The veins on the base of the brain, and those passing out of cranium, were greatly enlarged and engorged with black blood. The cerebral substance itself was much more dense than in young infants generally.

On opening the spinal membranes, an abnormal vascularity of the pia mater was shown—the longitudinal rachidian sinuses were so large as to resemble in volume the veins on the base of the cranium. In the cervical portion of the medulla spinalis there was no inflammatory exudation; it did not make its appearance above the lower dorsal region, whence it continued very abundant down to the cauda equina. The viscera of the thoracic and abdominal cavities were normal in their appearance. The lungs might perhaps have been a little too red around the lower edge, also the liver and spleen. There was nothing notable in any of the other organs. The disease was congenital. It commenced in the mother's womb. * * * * *

Instances may be found in the works of different authors of infants when born being affected with scleroderma, erysipelas, peritonitis, pleuritis, as also cases of meningitis, consequent to an operation for spina-bifida; but we believe there is no case on record so well attested by the symptoms and microscopic lesions of congenital, idiopathic cerebro-spinal meningeal inflammation, as this one.

This is the only case that has presented itself in the extensive practice of Professor Stoltz.—*Gazette des Hopitaux*.

PROCEEDINGS OF MEDICAL SOCIETIES.

PROCEEDINGS OF THE ANNUAL MEETING OF THE ESCULAPIAN SOCIETY, HELD IN PARIS, ILL., OCT. 28TH & 29TH.

The Esculapian Society met in the Christian Church, in Paris, Oct. 28th, 1857, and was called to order at 1 o'clock. Twenty-five members were present. The minutes of the last meeting were read by the Secretary, and approved.

Drs. Hamilton and Johnson were appointed to fill vacancies in the Board of Censors.

Dr. McCord, the Treasurer, submitted his annual report. On motion of Dr. Chambers, it was received and ordered to be filed.

Dr. F. R. Payne, the President, delivered his valedictory address on the Powers of Nature in curing disease.

Reports from the Standing Committees were called for, but there were none ready.

Essays and reports of cases called.

Dr. Stormont read a paper on the cure of Acute and Sub-acute Rheumatism, by seductive doses of tartarized antimony, which was discussed by several members.

Dr. S. York read an excellent essay on Granular Conjunctivitis. Discussed by Drs. McCord, Payne, Chambers, Johnson, Davis, Hamilton, Goodhart, Clippinger and York.

On motion, the Society adjourned to meet at 7 o'clock.

EVENING SESSION.

The Society met, according to adjournment, the President, Dr. Payne, in the chair.

Dr. Hinkle, being introduced, delivered the annual address, on the Elements of the True Physician, which was received with marked favor by a respectable audience.

Dr. Chambers moved the thanks of the Society be tendered Dr. Hinkle, for his address, and a copy requested for publication. Carried.

After the dismissal of the audience, on motion of Dr. McCord, the Society went into the election of officers for the ensuing year, which resulted as follows:

- Dr. C. M. Hamilton, President.
- " H. W. Davis, Vice-President.
- " D. W. Stormont, Secretary.
- " J. Ten Brook, Treasurer.

Drs. McCord, York, Herrick, Hinkle and McAllister—Censors.

Drs. York, Chambers and Hinkle were appointed a Business Committee, to report to-morrow morning.

Dr. Chambers read an excellent paper on Inflammation, Induration and Ulceration of the Os and Cervix Uteri, with the use of the Speculum. Discussed by Drs. York, Clippinger, Davis and Chambers.

On motion, the Society adjourned to meet to-morrow morning, 8 o'clock.

THURSDAY, OCT. 20TH.—MORNING SESSION.

The Society met, as per adjournment, Dr. Hamilton in the chair.

On motion of Dr. York, Dr. Kile, who was present, was invited to participate in the discussions.

Dr. Bowers reported a case of Dysentery. Discussed by several members.

The President appointed the following gentlemen Chairmen of the Standing Committees, to report on the subjects annexed to their names, at the next *annual* meeting, viz :

Dr. S. York—Surgery.

“ D. O. McCord—Practical Medicine.

“ D. W. Stormont—Midwifery.

“ F. R. Payne—Epidemics.

“ B. F. Swafford—Indigenous Botany.

The Business Committee reported the following subjects, and the gentlemen, whose names are opposite, were appointed to write thereon, for the next meeting, viz :

Hooping Cough—Dr. Smith.

Uterine Tumors—Dr. Chambers.

Sequences of Intermittent Fever—Dr. Bowers.

Permanent Cure of Reducible Hernia—Dr. Swafford.

Gonorrhea—Dr. Willits.

Delirium Tremens—Dr. Davis.

Epilepsy—Dr. F. R. Payne.

Milk-Sickness—Dr. J. W. York.

Ovariectomy—Dr. Goodhart.

Tuberculosis—Dr. Stormont.

Spinal Irritation—Dr. Frizell.

Scrofulous Ophthalmia—Dr. McAlmont.

Diphtheritis—Dr. S. York.

Inflammation of Internal Ear—Dr. H. R. Payne.

Menorrhagia—Dr. Apperson.

Inflammation and Hypertrophy of the Tonsil Glands—Dr. Mitchel.

Appearance of the Tongue as an Indication of Disease—Dr. Herrick.

Vomiting in Pregnancy—Dr. Ten Brook.

Croup—Dr. McCord.

The Causes which have brought about the necessity of a change in the General Treatment of Diseases from a Depletory to a Stimulating—Dr. Hinkle.

On motion of Dr. Stormont, the Society went into an election for delegates to the American Medical Association and to the State Medical Society, which resulted as follows:

To the National Association—Drs. Hamilton, Steele, S. York, McCord and Hinkle.

To the State Society—Drs. S. York, J. M. Steele, H. R. Payne, H. W. Davis and J. W. Yorke.

On motion of Dr. Stormont, each delegate was authorized to appoint a substitute in case he cannot attend.

On motion of Dr. Chambers, the delegates to the State Society were instructed to vote for the adoption of a resolution condemning the "hireling system" as derogatory to the profession.

Dr. Chambers introduced to the Society a gentleman with extensive caries of the femur, of fifteen years' standing, which he proposed to remove by excision. The case was examined with much interest by the members, and the merits of this operation discussed by Drs. Kile, Hinkle, Davis and Chambers.

Dr. Smith read an essay on Variola, and reported a case of Eclampsia. Both papers were extensively discussed.

On motion, the Society adjourned to meet at 1 o'clock.

AFTERNOON SESSION.

The Society met, the President in the chair.

Dr. Davis read an excellent essay on Pneumonia. Discussed by Drs. York and Chambers.

Dr. E. Read, of Terre Haute, an honorary member of the Society, by invitation, read a lengthy paper on the changes that have occurred in medical practice and the causes thereof, which was listened to with much interest.

On motion of Dr. York, the thanks of the Society were tendered Dr. Read, and a copy of his paper requested for publication.

Marshall was selected as the place for holding the next meeting.

Dr. Herrick was appointed to deliver the next public address. Drs. H. R. Payne, C. Duncan and D. O. McCord were appointed the Committee of Arrangements.

Dr. McCord offered the following resolution:

Resolved, That the Transactions of this Society be published annually, at the cost of the Society, commencing one year from this date.

On motion of Dr. Stormont, this resolution was laid on the table until the next meeting.

Dr. Stormont moved the thanks of the Society be tendered the Christian Church, in this place, for the use of their house. Carried.

Dr. McCord moved that the thanks of the Society be tendered the physicians of Paris for their hospitality on this occasion. Carried.

During the meeting, Drs. J. W. York, of Windsor; G. A. Goodhart, of Hutsonville; H. C. McAllister, of Elkton; B. F. Swafford, of Paris; and A. S. Stevens, of Casey, were elected members of the Society.

Dr. S. J. Young, of Terre Haute, was elected an honorary member.

A copy of these proceedings was ordered to be furnished the *N. W. Medical and Surgical Journal* for publication.

The Society then adjourned to meet in Marshall on the last Wednesday in May next.

C. M. HAMILTON, *President*.

D. W. STORMONT, *Secretary*.

NEW CASTLE (IND.) MEDICAL SOCIETY.

This Society met, Nov. 9th, President Beck in the chair.

Dr. John Rea reported several cases of phlegmasia dolens, wherein the good effects of the local application of the saturate alcoholic tinct. of iodine and bandaging the part were remarkable.

Dr. Isaac Mendenhall read a very interesting essay.

This is a model Society, and I am tempted to send you one or two Articles of its Constitution, for the inspection of those wishing to form new societies:

ART. XV. It shall be the duty of each member of this Society to keep a faithful record of each case of disease which he treats; noting the age, sex and condition of the patient, the cause where obvious, the type, symptoms, treatment, duration and termination of the disease; and, where practicable, the post-mortem appearances. The material facts of which record he shall embody in an intelligible form, and present it to the Society at its stated meeting in April (second Monday) of each year. And the Society shall have access to the case books of the members whenever called for.

ART. XVI. Each member shall also keep a faithful record of his obstetrical practice; embracing all the facts that are calculated to afford light upon the numerous difficult problems connected with the function of reproduction; a copy of which he shall present annually at the above stated meeting.

ART. XVII. The first stated meeting shall be the second Monday in April, for the purpose of embodying the reports of the cases of disease treated by the members during the preceding year, and this subject shall be pursued without delay until the said report is completed and adopted, a fair copy of which shall be preserved from year to year. The second stated meeting shall be the second Monday in June, and the third stated meeting shall be the second Monday in November.

At our last meeting, Nov. 9, the following officers were elected for the ensuing year.

President—John C. Beck, M. D., of Cadiz.

Secretary and Treasurer—John Rea, M. D., of New Castle.

Censors—Samuel Ferris, M. D., New Castle, Isaac Mendenhall, M. D., Ashland.

Dr. John Rea was appointed to read an essay at the next stated meeting (second Monday April).

The Society then adjourned to meet the 19th of January next, to hear the valedictory address of the former President.

VINDEX ACESTOR, M. D.,

A MEMBER.

BOOK NOTICES.

THE MEDICAL STUDENT'S VADE MECUM: A Compendium of Anatomy, Physiology, Chemistry, Poisons, Materia Medica, Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, etc. etc. By **GEORGE MENDENHALL, M. D.**, Professor of Obstetrics and Diseases of Women and Children in the Ohio Medical College, Member of the American Medical Association, etc., etc. Lindsay & Blackiston, Philadelphia, 1857, pp. 692. For sale by Keen & Lee, Chicago.

It will be seen by the title and date of Dr. Mendenhall's book, that it is extremely comprehensive and posted up to the times, containing the whole science of medicine in 692 pages, and issued in 1857.

Considering that the doctor is occupied for a good portion of the year in oral teaching, we cannot believe that he would make the gigantic effort necessary to compress so large a mass into so small a space, were it not a paying process. As it is, we think it but right and proper to congratulate Dr. M. on his success in both these respects. We suppose books of this sort act on the principle of compressed sponge, when once fairly crammed into the head of the student, they expand to such an extent, as to amplify his learning to the degree of mental saturation. Thus, other more voluminous and valuable works are dispensed with, at least, in most cases. Seriously, we think, they have a bad influence, and would prefer that they would never be published. We believe, however, that Dr. Mendenhall's book is equal, if not superior, to anything of the kind we have ever seen.

THE HANDBOOK OF PRACTICAL RECEIPTS FOR EVERYDAY USE: a Manual for the Chemist, Druggist, Medical Practitioner, Manufacturer, and Heads of Families; comprising the Official Medicines, their uses and modes of preparation, and Formulæ for Trade Preparations, Mineral Waters, Powders, Beverages, Dietetic Articles, Perfumery, Cosmetics, etc.; a Glossary of Terms used in Chemistry and Medicine, including old names, contractions, vulgar and scientific denominations, with a copious index to all the preparations. By **THOMAS F. BRANSTON.** First American, from the second London edition. Philadelphia: Lindsay & Blackiston. 1857. Pages 307.

"This manual is offered in the hope that it will prove a useful companion to those for whom it is intended." (Preface.)

If it is useful to those for whom it is intended, it will be useful to everybody, for nearly everybody is included in the title. This is the kind of book to sell on a large scale. We would refer all who desire to purchase one of them to Messrs. Keen and Lee, Lake street, Chicago, and assure the people that if they will purchase one, they will not need any more doctors to cure them, preachers to administer the last sacrament to them, nor lawyers to settle up their estate.

A COLLECTION OF REMARKABLE CASES IN SURGERY. By PAUL F. EVE, Professor of Surgery in the Medical Department of the Nashville University. Published by J. B. Lippencott & Co. 1857. Pages 858. For sale by Keen & Lee, Chicago.

There is no book yet written in the profession so well calculated to excite and satisfy that universal quality of mankind, curiosity, as this production of the accomplished President of the American Medical Association. It is divided into ten chapters, taking the different parts of the body as a basis of division, beginning at the head. It is a perfect museum of the extraordinary.

It would seem that sometimes patients survive almost any mutilation or injury short of an entire removal of the head. Balls, nails, knives, ramrods, crowbars, breech pins of weapons may penetrate, pass through, or lodge in the brain, and yet the patient recover, with, as some of the French reporters naively observe, some "mental peculiarities." Dr. Eve has a section in chapter tenth called marvelous, but for fear of too nearly (for the publishers' sake) satisfying the curiosity of the reader, we shall leave him to infer the description of cases contained in it. The hints we have given him of those quite common cases of injuries of the brain, in first chapter, will doubtless enable him to do so without any great exertion of the imagination. It would be superfluous to recommend everybody to read it.

EDITORIAL.

CLOSE OF THE VOLUME.

The present number completes the sixth volume of the new series of the *North-Western Medical and Surgical Journal*, and in it will be found the title-page and index to the volume. The large supply of original matter has crowded out all the selections and a part of the book notices prepared for the present number. Having completed arrangements for such an amount of editorial assistance as will insure an efficient superintendence of every department of the *Journal*, we are confidently expecting to make the forthcoming volume better than any of its predecessors. We earnestly invite contributions from practitioners and societies throughout the North-Western States, and pledge to them an active co-operation in all that relates to the advancement and usefulness of the profession. With the commencement of the new volume we shall adopt a new name. The present long and awkward title was chosen when Chicago was really close upon the north-western border of our magnificent Union; but at present it would be much more applicable to a journal published in Oregon or Washington Territory. Hence, the January number will be issued under the title of the "CHICAGO MEDICAL JOURNAL."

We have a large subscription list, and if all those whose names are on it would promptly pay up, we would immediately enlarge the *Journal*, by adding sixteen pages more of reading matter to each number. All remittances and communications relating to the business of the *Journal* should be addressed, as heretofore, to the senior editor, Dr. N. S. Davis, Chicago, Ill.

RUSH MEDICAL COLLEGE CLINIC.

The Clinic held at the College every Wednesday and Saturday morning by Professors Brainard and Byford, has been well attended during the present College term; and the number of highly-interesting surgical cases, requiring important operations, have been unusually large. Three of these cases are reported in the present number of the *Journal*, and our readers may expect a series of reports from the same source.

